

COL 1

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 470)**

EXAMINER NO.
57988288
APPLICANT(S)

FILED DATE

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1			1			
2				1		
3				1		
4				1		
5				4		
6				4		
7				4		
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TOTAL NO.				2		
TOTAL OFF.				28		
TOTAL				26		

	NO.	OFF.	NO.	OFF.	NO.	OFF.
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